

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/593984** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	2			1			53						
4	2			1			54						
5	0			1			55						
6	0			1			56						
7	0			1			57						
8	0			1			58						
9	0			1			59						
10	0			1			60						
11	0			1			61						
12	0			1			62						
13	0			1			63						
14	0			1			64						
15	0			1			65						
16	0			1			66						
17							67						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1								
TOTAL DEP.	17	←	15	←		←							
TOTAL CLAIMS	18		16										